******Work-Based Learning: Jasper County High School**

**TIMESHEET - November 2020**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor/Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hours must be accurately recorded daily. Falsifying records will result in dismissal from the WBL program. Please be on time and in attendance daily. Please notify the WBL Coordinator AND your employer of any absences in advance.**

 *WBL Coordinator: Johnnie Sue Moore (Email: jsmoore@jasper.k12.ga.us Work: 706-468-5028 Cell: 706-318-9204)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Day | Time In | Time Out | Hours Worked | If absent, state reason |
| November 1 | Sun |  |  |  |  |
| November 2 | Mon |  |  |  |  |
| November 3 | Tues |  |  |  |  |
| November 4 | Wed |  |  |  |  |
| November 5 | Thu |  |  |  |  |
| November 6 | Fri |  |  |  |  |
| November 7 | Sat |  |  |  |  |
| November 8 | Sun |  |  |  |  |
| November 9 | Mon |  |  |  |  |
| November 10 | Tues |  |  |  |  |
| November 11 | Wed |  |  |  |  |
| November 12 | Thu |  |  |  |  |
| November 13 | Fri |  |  |  |  |
| November 14 | Sat |  |  |  |  |
| November 15 | Sun |  |  |  |  |
| November 16 | Mon |  |  |  |  |
| November 17 | Tues |  |  |  |  |
| November 18 | Wed |  |  |  |  |
| November 19 | Thu |  |  |  |  |
| November 20 | Fri |  |  |  |  |
| November 21 | Sat |  |  |  |  |
| November 22 | Sun |  |  |  |  |
| November 23 | Mon |  |  |  |  |
| November 24 | Tues |  |  |  |  |
| November 25 | Wed |  |  |  |  |
| November 26 | Thu |  |  |  |  |
| November 27 | Fri |  |  |  |  |
| November 28 | Sat |  |  |  |  |
| November 29 | Sun |  |  |  |  |
| November 30 | Mon |  |  |  |  |
|  |  |  |  |  |  |

I certify the times reported above is a correct reflection of hours worked:

Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_